

# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

Vol. XLI.—No. 9.]

JUNE 1ST, 1934.

PRICE NINEPENCE.

### CALENDAR.

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|------------|--|
| Fri., June | 1.—Medicine: Clinical Lecture by Lord Horder.<br>Dr. Gow and Mr. Girling Ball on duty.   |
| Sat., "    | 2.—Cricket Match <i>v.</i> Broadmoor. Away.  |
| Mon., "    | 4.—Special Subject: Clinical Lecture by Mr. Just.  |
| Tues., "   | 5.—Dr. Graham and Mr. Roberts on duty.   |
| Wed., "    | 6.—Surgery: Clinical Lecture by Mr. Harold Wilson.<br>Tennis: 2nd Round Cup Ties. St. Bartholomew's<br>Hospital <i>v.</i> St. Mary's Hospital. Away. |
| Fri., "    | 8.—Medicine: Clinical Lecture by Dr. Hinds Howell.<br>Prof. Fraser and Prof. Gask on duty.   |
| Sat., "    | 9.— <b>Cricket: Past <i>v.</i> Present.</b> Home.<br>Tennis: Past <i>v.</i> Present. Home.   |
| Mon., "    | 11.—Special Subject: Clinical Lecture by Mr. Elmslie.  |
| Tues., "   | 12.—Lord Horder and Sir Charles Gordon-Watson on<br>duty.  |
| Wed., "    | 13.—Surgery: Clinical Lecture by Mr. Roberts.<br>Cricket Match <i>v.</i> Bedfordshire C.C.C. Away.   |
| Fri., "    | 15.—Medicine: Clinical Lecture by Dr. Gow.<br>Dr. Hinds Howell and Mr. Harold Wilson on duty.  |
| Sat., "    | 16.—Cricket Match <i>v.</i> Hampstead. Home.   |
| Mon., "    | 18.—Special Subject: Clinical Lecture by Mr. Bedford<br>Russell.   |
| Tues., "   | 19.—Dr. Gow and Mr. Girling Ball on duty.<br><b>Last day for receiving matter for the<br/>July issue of the Journal.</b>                             |
| Wed., "    | 20.—Surgery: Clinical Lecture by Mr. Roberts.<br>Cricket Match <i>v.</i> Times C.C. Away.  |
| Fri., "    | 22.—Medicine: Clinical Lecture by Lord Horder.<br>Dr. Graham and Mr. Roberts on duty.  |
| Sat., "    | 23.—Cricket Match <i>v.</i> Bournemouth. Away.   |
| Tues., "   | 26.—Prof. Fraser and Prof. Gask on duty.   |
| Wed., "    | 27.—Surgery: Clinical Lecture by Sir Charles Gordon-<br>Watson.  |
| Fri., "    | 29.—Lord Horder and Sir Charles Gordon-Watson on<br>duty.  |
| Sat., "    | 30.—Cricket Match <i>v.</i> Old Paulines. Away.<br><b>Hospital Sports.</b> Winchmore Hill.   |

### EDITORIAL.

**I**T has been characteristic of the medical profession to regard proposals of sudden or profound changes with caution and distrust. Innovations and metamorphoses have been met, therefore, by keen opposition, and their production is usually long delayed.

The medical curriculum and its discrepancies have been for so many years the subjects of sharp controversy that many have despaired of the long-hoped-for changes. With the Spring, however, there has blossomed the Report of the British Medical Association's Committee on Medical Education. It is to be expected that much fault with the proposals will be found by individuals, for opinions have differed widely, but the Committee are to be congratulated on dealing successfully with the main problems and difficulties that exist in the present curriculum. No really drastic changes are recommended. Perhaps the most important and far-reaching is the proposal that each student, before receiving full licence to practise independently, should have a period of about nine months under supervision, holding definite appointments in hospital or in general practice.

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Many years must have passed since the Hospital was free from talk of rebuilding the wards. Though plans were passed three years ago for a new Medical Block, financial arrangements have only recently been completed.

The Governors of the Hospital have decided to proceed at once with the erection of a block of buildings to house the whole of the medical wards under one roof. This will represent the second stage of the great rebuilding scheme, which was started with the construction of the new Surgical Block and Operating Theatres opened in 1930.

The new Medical Block will occupy the site of existing buildings on the south side of the Quadrangle. These are approximately 180 years old, and are quite inadequate to meet the requirements of to-day. The block to be demolished consists of eight wards, each holding about 25 beds, and the new building will have 10 wards, each planned for about 23 beds. There will be five floors and a lower ground floor, and the building will be

constructed generally on the lines of the new Surgical Block, with which there will be direct communication on all floors. Construction will be in brick, but the original Portland stone facing of the existing building will be retained to maintain the architectural harmony of the Square. The new block will increase the number of medical beds by about 30, and bring the total beds available for patients at the Hospital up to 740.

\* \* \*

The following very encouraging letter has been received:

"May 24th, 1934.

DEAR MR. EDITOR,

**I wish you to give a very special prominence to the fact that every old Bart.'s man who is practising in the County of Worcestershire has subscribed to the College Appeal Fund. This is a magnificent accomplishment, and I am exceedingly anxious that every other county should emulate it.**

"I wish to congratulate particularly Dr. Neligan, a very old friend of the Medical College, for the efforts by which he and his colleagues have achieved this result.

"The Lord Mayor of the City of London is permitting us to make an appeal at the Mansion House at a Banquet to be given on October 3rd, 1934. I am quite sure that the Public already appreciate what we have done for ourselves, and I am sure, too, that the effect of the Lord Mayor's assistance would be enhanced if we could say that every Bart.'s man has subscribed.

"Will you please give very prominent notice to the fact that Worcestershire has done this?

"Yours sincerely,

"W. GIRLING BALL,

"Dean of the Medical College."

The list of contributions appears on p. 173.

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We congratulate Mr. W. Girling Ball on being chosen to represent the General Medical Schools on the Senate of the University of London for the period 1934-1938.

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Dr. L. P. Garrod has been appointed to the University Readership in Bacteriology.

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Sir Thomas Dunhill has been elected a Member of the Central Council of the British Medical Association for the Session 1934-5.

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Prof. Gask delivered the Annual Oration before the Medical Society of London on May 14th. His subject was "Clean Wounds, Ancient and Modern".

Mr. E. W. G. Masterman will give the Presidential Address on June 15th to the Metropolitan Counties Branch of the British Medical Association.

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In the current issue of the *Bristol Medico-Chirurgical Journal* there appears the Presidential Address of Mr. H. Elwin Harris. It is entitled "Looking Back", and contains, *inter alia*, some interesting reminiscences of the Hospital in the 'eighties.

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Mr. John Lionel Stretton, of Kidderminster, has recently completed his fiftieth year as a member of the Honorary Staff of the Kidderminster and District General Hospital. He has been president of the hospital staff for the last ten years, and has served as chairman of the County of Worcester Local Medical and Panel Committee for twenty years.

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We congratulate Mr. J. P. Hosford on his rapid recovery from the effects of appendicectomy.

\* \* \*

We also offer our congratulations to Mr. G. Weddell on being awarded the Commonwealth Fund Fellowship for the period 1935-37, to be occupied by research in America.

\* \* \*

Miss Hilder has been appointed Second Assistant Matron, and Miss Pengilly has taken her place as Sister Children's.

\* \* \*

We have been requested by Sir James Berry, Hon. Secretary of the St. Bartholomew's Hospital Seventh Decennial Contemporary Club, to state that the Annual Dinner will take place at the Trocadero Restaurant on Wednesday, July 4th, at 6.45 for 7.15 p.m. It is hoped that on this occasion there will be an unusually large attendance as, owing to the lamented death of Owen Lankester, the Club will have to elect a new Junior Hon. Secretary. We may add that this Club, the oldest of the existing Decennial Clubs of the Hospital, is still in a flourishing condition, and celebrated, last year, its fiftieth anniversary.

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The Thirty-fourth Annual Dinner of the St. Bartholomew's Hospital Eighth Decennial Contemporary Club will be held at the Langham Hotel, Portland Place, W. 1, on Wednesday, June 27th, at 7.30 for 7.45 p.m. (price 10s. 6d.). Hon Secretaries: H. J. Waring and H. Morley Fletcher.

The following old Bart.'s men will hold office or speak at the One Hundred and Second Annual Meeting of the British Medical Association in July, 1934, at Bournemouth:

*Medicine.*—President: Prof. W. Langdon Brown, M.D., F.R.C.P. Discussion: Dr. Geoffrey Evans, Dr. J. Maxwell, Dr. A. W. Stott. *Surgery.*—Vice-President: Frank Belben, O.B.E., M.B., F.R.C.S. Discussion: Sir Thomas Dunhill, Mr. G. L. Keynes, etc. *Obstetrics and Gynaecology.*—Paper: Mr. J. C. Ainsworth-Davis. *Neurology, Psychological Medicine and Mental Diseases.*—Discussion: opened by Lord Horder. *Pathology, Bacteriology and Biochemistry.*—Vice-President: Chas. G. H. Morse, M.R.C.S., L.R.C.P. Discussion: Dr. Geoffrey Bourne. *Radiology and Electrotherapeutics.*—Vice-President: W. Roy Ward, M.B., B.S. Discussion: Dr. A. J. Durden-Smith, Dr. G. Harrison Orton, Dr. W. Roy Ward. *Anæsthetics.*—President: Charles F. Hadfield, M.B.E., M.D.(Lond.). Discussion: Dr. Frankis T. Evans. *Ophthalmology.*—Paper: Mr. T. W. Letchworth. *Orthopaedics.*—Vice-President: Eric I. Lloyd, M.B., F.R.C.S. *Oto-Rhino-Laryngology.*—Vice-President: T. H. Just, M.B., F.R.C.S. *Public Health.*—Vice-President: F. E. Chandler, M.D., F.R.C.P. Discussion: Dr. C. W. Hutt. *Dermatology.*—Hon. Sec.: Henry Corsi, M.B., F.R.C.S. *Medical Sociology.*—Vice-President: E. W. G. Masterman, M.D., F.R.C.S.  
Hon. Science Secretary to the Meeting: Dr. E. Burstal.

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The Council of the British Medical Association has decided to offer for award in June, 1935, prizes for short clinical papers by fourth and subsequent year medical students and newly qualified practitioners of not more than one year's standing (that is, from date of passing qualifying examination), under the heading, "Describe two cases, from your own personal observations, illustrating the effects on the heart, immediate and remote, of acute rheumatic infection". Full particulars may be obtained from the *British Medical Journal Supplement*, May 12th, 1934, and from the College notice-boards.

\* \* \*

We have been asked to announce that a week-end Post-Graduate Course will be held in June. The following lectures and demonstrations will be given:

Friday, June 22nd: Treatment of Asthma and Similar Allergic Diseases (Dr. G. Graham), Treatment of Sterility (Dr. W. Shaw and Mr. Kenneth Walker), Basal Anaesthesia (Mr. C. Langton Hewer), Skin Diseases—Diagnosis and Treatment with Cases (Dr. A. C. Roxburgh), Neurasthenia—Its Diagnosis and Treatment (Dr. C. M. Hinds Howell), Present State of Immuno-Therapy (Lord Horder).

Saturday, June 23rd: New Opinions on the Causation and Treatment of Anæmias (Dr. A. E. Gow), Demonstration of Therapeutic Diets (The Dietitian), Management of Patients with Minor Disorders of Ear and Throat (Mr. T. Just), Remedial Exercises with Demonstration (Mr. R. C. Elmslie and Sister Massage), Common Fractures of the Upper Limb (Mr. J. P. Hosford), Recognition and Treatment of the Causes of Chronic Pyuria (Mr. W. Girling Ball), Recent Drug Preparations and Indications for Their Use (Dr. E. R. Cullinan).

*Fees.*—Fee for the Course two guineas (or to St. Bartholomew's men one guinea), payable in advance.

Early application should be made to W. Girling Ball, Esq., F.R.C.S., Dean, to whom cheques should be drawn.

## PERURETHRAL PROSTATIC RESECTION.



It is almost two years since Professor Cabot called the attention of the readers of this journal to the possibilities of perurethral prostatectomy. This operation is rapidly becoming of importance in prostatic surgery, and it may be of interest to record some of the first carried out in this Hospital.

The transurethral approach to the prostate gland is by no means an innovation. As long ago as the middle of the last century Mercier made attempts to divide the bladder neck with a urethrotome, and later, Bottini used a galvano-cautery punch to make a tunnel through the prostate. Numerous modifications and improvements were made on these instruments by various workers, but the method gradually fell into disrepute for three main reasons: (1) being a blind operation no control could be kept on the amount of prostatic tissue removed or damage done to surrounding tissues; (2) considerable sepsis often followed, this being largely due to the septic material left behind in the bladder; and (3) severe hæmorrhage frequently occurred. It is obvious that the ideal instrument must be one which not only gives a good view of the site of operation, but at the same time permits the removal of the excised prostatic fragments from the bladder and secures hæmostasis.

An instrument which combines these principles is the improved McCarthy's prostatic electrotome. This consists of an outer sheath, an articulated obturator, a carrier with a foroblique telescope, an irrigating system, and a cutting wire loop controlled by a rack and pinion. The wire loop is activated by a cutting current, which gives satisfactory hæmostasis. The foroblique telescope and the continuous irrigation apparatus give a good view and a clear field at the site of operation.

A general or spinal anaesthetic is necessary, and the pre-operative treatment is the same as for the suprapubic operation. The renal function must be estimated, and if there is urinary infection or a large amount of residual urine a catheter must be tied in and the bladder drained.

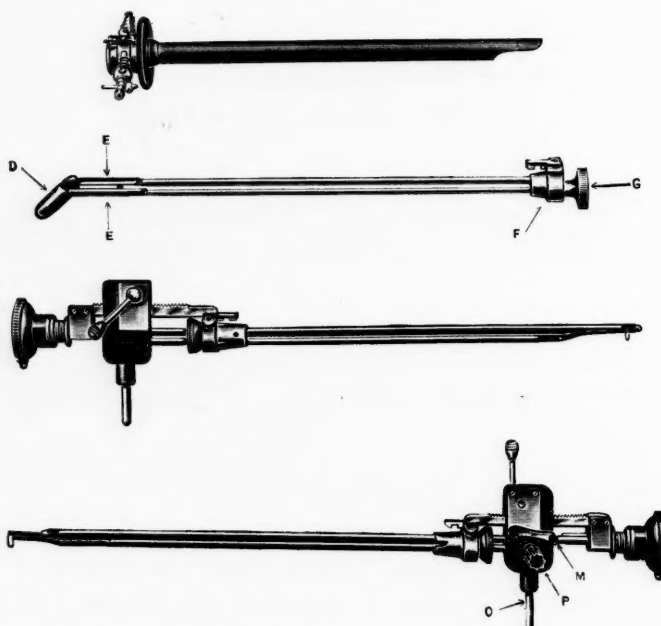
The operation is conducted with the patient in the lithotomy position. The sheath and obturator are introduced *per urethram*, the obturator withdrawn and the carrier inserted. The carrier includes the wire loop, the telescope and the continuous irrigating apparatus. The wire loop is put into the cavity of the bladder beyond the obstructing prostatic tissue, the current turned on and the lever controlling the loop is turned slowly, bringing the loop backwards for about an inch and thus cutting through the obstruction. The carrier

is then withdrawn from the sheath and the fragment of prostatic tissue removed by forceps from the wire loop. It is again introduced, and several cuts are necessary to obtain a clear channel. If the controlling lever is drawn over slowly the cutting current produces satisfactory hæmostasis. The chief source of sepsis is dealt with, since each fragment of prostatic tissue is removed when the carrier is withdrawn. At the end of the operation the bladder is washed out and a soft rubber catheter tied in.

The perurethral operation is not, however, to be regarded as a general substitute for suprapubic prostatectomy. In the main there are three indications for the perurethral route:

(1) In cases where the general enlargement of the prostate is small but the obstruction is great. This meets the requirements of the well-recognized case where there is considerable obstruction and intravesical projection, but little enlargement of the prostate as felt *per rectum*.

THE MCCARTHY ELECTROTOME.



THE SHEATH, THE ARTICULATED OBTURATOR, THE LOOP ELECTRODE CARRIER WITH FOROBLIQUE TELESCOPE (TWO VIEWS).

(By kind permission of the G.-U. Mfg. Co.)

The after-treatment is mainly directed against the occurrence of sepsis: the bladder is washed out daily and the patient encouraged to drink freely. There is little or no pain, and the hæmorrhage is usually negligible. The catheter is removed on the third day and the patient is usually fit enough to go out on the fifth. There may be loss of control of micturition for some time following the operation till the muscle of the bladder neck regains its tone.

The advantages over the suprapubic operation are obvious. The risks of the latter, even in experienced hands, are considerable, not only from shock and hæmorrhage, but from a prolonged stay in bed at an age when a man is particularly unfitted for it.

(2) In special circumstances where total removal is contra-indicated owing to the poor general condition of the patient, poor renal function or cardiac or pulmonary complications.

(3) In certain cases of scirrhus carcinoma of the prostate.

The following are cases which have recently been in the hospital and demonstrate the above indications:

CASE 1.—Wm. C—, æt. 71, a jobbing builder, was admitted to Abernethy Ward on March 14th, 1934, complaining of "difficulty in passing water".

For the previous three years he had increasing difficulty in micturition, a dribbling stream, and a night frequency of 2. He had no hæmaturia or retention, and was otherwise well.

On examination he proved to be a comparatively fit man apart from some emphysema of the lungs. *Per rectum* the prostate was

not enlarged. Urine clear, no albumen, no red cells, no pus-cells seen, sterile on culture. Residual urine 7 oz.

	Urea (%).	Urine (c.c.).
Urea concentration test—1st hour	2'30	64
2nd "	3'05	49
3rd "	3'30	50

March 16th: Cystoscopy by Mr. Ball showed considerable intravesical projection of the prostate and some degree of sacculation of the bladder.

March 20th: Perurethral prostatic resection by Mr. Ball; general anaesthesia. McCarthy's urethrotome was used, and about eight fragments of prostatic tissue removed, till a gutter was made and a large soft rubber catheter tied in.

March 23rd: Catheter removed; patient started passing water easily, but with poor control for 24 hours.

March 25th: Residual urine 2 oz., control good; stream much improved; patient passing water freely.

Section showed innocent adenomatous enlargement of the prostate.

This case shows the main indication for the perurethral route, *i. e.* considerable obstruction to the urinary flow but no gross enlargement of the prostate.

CASE 2.—W. D—, æt. 64, motor coach proprietor, admitted to Abernethy Ward March 8th, 1934, complaining of "inability to pass urine".

For the previous six years patient had difficulty in passing urine, a dribbling stream and a micturition frequency of D. 12, N. 3.

Three days before admission patient had complete retention of urine which was relieved by catheterization.

He had a five years' history of chronic cough, and shortness of breath for the last three years.

On examination he had cirrhotic facies, a frequent loose cough, and was dyspnoeic after the effort of undressing. He had signs of chronic bronchitis and emphysema, blood-pressure 164/90 and a palpable liver. *Per rectum* the prostate was moderately enlarged, soft, smooth and mobile.

A catheter specimen of urine contained about 5 red blood-cells per 1/4 field, and was sterile on culture.

	Urea (%).	Urine (c.c.).
Urea concentration test—1st hour	1'25	18
2nd "	1'45	40
3rd "	1'60	114

A catheter was tied in and the bladder decompressed.

March 13th: Cystoscopy by Mr. Ball showed considerable intravesical projection of the prostate.

March 20th: Perurethral prostatic resection by Mr. Ball; spinal anaesthesia by Mr. Langton Hewer. McCarthy's urethrotome was passed and several large pieces of prostatic tissue removed. There was considerable primary hæmorrhage, but this was satisfactorily controlled by irrigation with water at 108° F. A soft rubber catheter was tied in.

March 23rd: Catheter removed; patient incontinent.

March 25th: Patient passing water well; stream good; control satisfactory. Residual urine 2 oz.

Section showed innocent enlargement of the prostate.

This case is of interest in that it demonstrates the value of the operation when the patient's condition contra-indicates the suprapubic operation. The degree of pulmonary and cardiac complications in this case was such that it would have been unsafe to attempt any more radical operation.

CASE 3.—A. L—, æt. 71, a fireman, admitted January 9th, 1934, complaining of difficulty in passing water and pain in the pelvis.

One year previously he started to experience a bearing-down pain in the pelvis on any attempt at micturition; the stream became progressively weaker—frequency, D. 14, N. 5.

One month before admission he had acute retention of urine, which was relieved by catheterization; after this he had considerable

difficulty in starting micturition and could only pass 2 oz. of urine at a time.

He was somewhat short of breath and suffered from palpitations. On examination a large, well-covered man, with emphysematous lungs. Blood-pressure 158/80. *Per rectum* the prostate was hard and fixed, but not enlarged. Urine clear, no albumen, no red blood-cells seen, and sterile on culture.

	Urea (%).	Urine (c.c.).
Urea concentration test—1st hour	3'35	66
2nd "	3'50	83
3rd "	3'00	25

A catheter was tied in and the bladder decompressed.

January 16th: Cystoscopy by Mr. Ball showed small intravesical projection of the prostate; the bladder was otherwise healthy.

A diagnosis of carcinoma of the prostate was made and a course of deep X-ray therapy given. Ten days after this was completed the catheter was removed, but the patient was unable to pass urine.

February 15th: Perurethral prostatic resection by Mr. Ball. Several large fragments of the prostate were removed with McCarthy's electrotome, and a gutter made; a catheter was tied in.

February 20th: On alternate days after this the catheter was removed for four hours at a time, but the patient was still unable to pass urine.

March 5th: Mr. Ball carried out further prostatic resection with McCarthy's instrument. The trouble appeared to be due to the projection of the lateral lobes. About twelve large fragments were removed and a catheter again tied in.

March 10th: Catheter removed; patient passing water with difficulty.

March 14th: On discharge, passing urine fairly freely; stream poor; frequency D. 12, N. 4; urine clear, patient well.

Section of fragments removed showed carcinoma of the prostate.

The value of the operation in this case was two-fold: it confirmed the diagnosis, and gave relief, though possibly only of a temporary nature, to a man who was otherwise condemned to a permanent suprapubic apparatus.

One other case is of interest because of an associated diverticulum of the bladder:

CASE 4.—W. W—, æt. 50, a machinist, admitted to Abernethy Ward on September 11th, 1933, complaining of difficulty and pain on passing water.

Ten years previously he experienced difficulty in micturition, which had increased in severity in the last few years; he also complained of a burning pain at the tip of his penis at the end of micturition. His urine was usually clear, but sometimes became very thick; stream poor; he was otherwise well.

On examination he was thin and looked ill; he had signs of a healed tuberculous focus at the apex of the left lung, and the bladder was distended up to the level of the umbilicus. *Per rectum* the prostate showed slight general enlargement; the median groove was discernible and the consistency was firm.

Urine turbid, numerous pus-cells in a standing deposit and *Staphylococcus aureus* grew on culture. Blood urea, 40 mgrm. %.

	Urea (%).	Urine (c.c.).
Urea concentration test—1st hour	1'65	32
2nd "	1'85	44
3rd "	1'70	40

September 15th: Cystoscopy by Mr. Ball. Urine withdrawn was foul. The bladder washed clean easily, but it rapidly became turbid again. Owing to this factor, accurate cystoscopic observation was not possible, but appearances suggested a sacculus.

A catheter was tied in and the bladder drained.

September 22nd: Cystoscopy by Mr. Underwood. A flushing cystoscope was used, and the opening of a diverticulum was seen above and just outside the right ureteric orifice. On respiration debris and pus were seen pouring from the diverticulum. A cystogram was taken.

October 3rd: Excision of diverticulum of bladder by Mr. Ball; general anaesthesia. The bladder was distended and opened through a suprapubic midline incision. A sac 3 in. in diameter was found

lying behind and to the right of the bladder. The wall of the sac was thick and muscular, and it was adherent to the right ureter and the vas. It was dissected free and excised. The bladder was drained suprapubically and the wound closed in layers. It was noticed at the time of operation that there was a mild degree of intravesical prostatic enlargement.

The wound commenced to heal satisfactorily, and the suprapubic catheter was removed on the twelfth day. A 10/13 urethral sound was passed on the twentieth day, but the patient failed to pass any urine naturally. A catheter was therefore tied in and the suprapubic wound healed, but repeatedly broke down when the catheter was removed.

January 9th, 1934: Perurethral prostatic resection by Mr. Ball. The McCarthy's urethrotome was passed and a moderate degree of intravesical projection of the prostate was present. Several fragments of the prostate were then resected until a satisfactory gutter was obtained, and a rubber catheter was tied in.

January 12th: Catheter removed; patient started passing urine immediately.

January 18th: Wound soundly healed; patient well; passing urine easily; stream good, urine clean.

Section showed senile hypertrophy of the prostate.

I am indebted to Mr. Girling Ball for permission to publish these cases, and for many helpful suggestions in the preparation of this article.

#### REFERENCES.

- CABOT, H.—*St. Bart.'s Hosp. Journ.*, June 1st, 1932.  
 EVERIDGE, J.—*Proc. Roy. Soc. Med.*, September, 1933.  
 WALKER, K.—*Brit. Med. Journ.*, March 4th, 1933.  
 W. M. CAPPER.

### HIS MAJESTY IN VITRO: A FAIRY-TALE FOR PATHOLOGISTS.

**K**ING IVAN of Improbolia ascended the throne at the early age of two. "Ascended" is the right word, for our obstinate princeling insisted upon mounting unaided that formidable piece of furniture. The court chamberlain, neglectful of the warnings of history, had forgotten to invite to the coronation ceremonies the local Bad Fairy. So she, quite naturally, gate-crashed, turning the hall porter, who attempted to detain her, into an anencephalic foetus.

Bursting into the midst of the rejoicings she proceeded to prophesy disasters. "Bloodshed, pestilence and famine," she began cheerfully, "shall wipe out Improbolia . . .!" But then the Good Fairy stepped forth. Foreseeing that trouble might follow from the chamberlain's lack of tact she had laid in an assorted lot of anti-charms and counter-curses. "This prophecy," she said, "shall never come to pass until the Royal House of Improbolia is extinct." She was a well-meaning fairy but not bright; the move was an obviously weak one, as fans who have followed the game will realize. Quick

as lightning came the Bad Fairy's reply: "King Ivan," she hissed—and those are hard words to hiss effectively—"shall die of *status lymphaticus* on his third birthday." But the Royal Pathologist, who was acting as referee, ruled this curse out of order, as the Improbolian Society of Pathologists had lately decided that *status lymphaticus* did not exist. The Bad Fairy was allowed another turn: "Ivan shall die on his third birthday of idiopathic cachexia." Now this curse is quite valid in Fairy Law, so the Royal Pathologist had to let it pass. Now the Good Fairy was well-meaning, as I said before, but not bright, and she had no idea what idiopathic cachexia might mean; and she had no counter-charm of any use at all, so she looked helplessly appealing and feminine and declared, "The people shall appoint the Royal Pathologist absolute dictator for one year" (which perhaps shows that she was smarter than we thought). Anyway that concluded the proceedings, as they were playing under Queensberry rules and only had two shots each. The Bad Fairy withdrew, glowering and snarling.

\* \* \*

A year had passed. Everyone was acutely nervous except the Royal Pathologist. At breakfast-time King Ivan appeared quite well, but at ten o'clock he began to fade away and by noon he was dead. Nothing could conceivably have been more idiopathic. The Royal Pathologist at once held a post-mortem; and an hour or two later he came forth holding in his hand a little glass vessel. "Le roi est mort," he said, in his guttural Improbolian voice, "Vive le roi." The people were mystified; the Bad Fairy was jubilant. "People," continued the Royal Pathologist, "the House of Improbolia is *not* extinct; the curse is not yet fulfilled. Modern science has found out how to grow living tissues in culture-media and to keep them growing year after year. I have in this little flask a fragment of King Ivan's heart in tissue-culture; it is still beating! Long may it beat! In other flasks are pieces of various other tissues." Loudly the people cheered; the Bad Fairy withdrew, glowering and snarling.

Of course she contested the Royal Pathologist's claim in the Supernatural Division of the Improbolian Law Courts, but it was ruled that the Royal House of Improbolia was not extinct as long as any of its cells were alive. Before long the people became accustomed to *in vitro* Royalty. His Majesty's incubator was placed on the throne when levees were held. The Eunuchs of the Royal Household were bled in turns to furnish plasma for renewing H.M. culture medium. This renewal was conducted with much pomp by the Royal Pathologist, attended by the Royal Chef and the Keeper of the King's Bath. The Chef contended that the

ceremony essentially involved supplying His Majesty with fresh nourishment; the Keeper of the King's Bath thought it definitely came into his department. For a time the Royal Pathologist pinned his hopes on a culture of H.M. germinal epithelium and had visions of securing a succession to the throne. But, alas, that culture died out in a week or two. Moving pictures were, however, taken of H.M. heart and H.M. ciliated epithelium, and their showing always evoked loud applause at the cinema theatres.

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But the Bad Fairy was not idle. She was foiled in an attempt to interfere with the regulator taps of H.M. incubator. So she and a number of attendant sprites turned themselves into *Bacillus subtilis* spores, leapt into the Tyrode's solution used for H.M. culture media, and so found entry into H.M. flasks themselves. In a few days King Ivan was dead (finally, this time, gentle reader), hopelessly contaminated. The ruin which fell upon Improbilia thereafter was complete. So completely have its records passed into oblivion that you have probably never heard of the country; which, of course, proves that my story is true. C. H. A.

## MUCOCELE OF THE FRONTAL SINUS WITH DISPLACEMENT OF THE EYE.

**T**HE patient, a manservant, æt. 35, was admitted on January 19th, 1934, his chief symptoms being downward displacement of the right eye and diplopia. Eleven months before admission he began to suffer from supraorbital headaches, coming on most frequently in the evening, and about the same time he began to have double vision. This association of symptoms suggested a defect of the eye itself, and spectacles were accordingly prescribed for "squint." The condition continued unchanged, however, until four months before admission, when the patient first noticed that his right eyeball was being displaced downwards and becoming prominent. It was at this time also that he first became aware of a tender swelling of firm consistency at the upper and inner part of the right orbit. A tentative diagnosis of new-growth of the orbit was made, and as such the case was sent up to this hospital for immediate admission. There had been no watering of the eye, and there was no history of chronic discharge from the nose, nor of injury to the eye or frontal region.

On admission the left eye appeared normal. The right eye showed marked ptosis of the upper lid, and the eyeball was proptosed and displaced downwards

(Fig. 1). There was some limitation of movement upwards and medially. At the upper part of the inner angle of the orbit was an oval swelling, measuring 1 in. by  $\frac{1}{2}$  in., extending from under cover of the supra-orbital margin on to the medial third of the upper lid. The surface was smooth and the margins regular and well defined except above and behind, where the extent of the swelling could not be determined. It was tense and



FIG. 1.—BEFORE AND AFTER OPERATION.

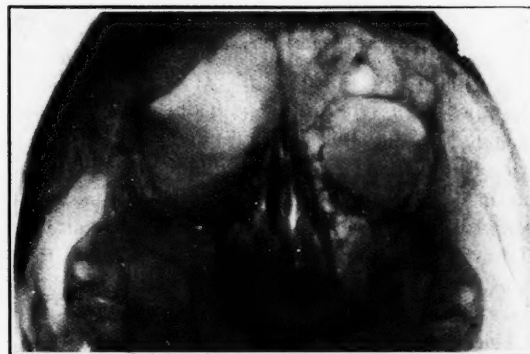


FIG. 2.—RADIOGRAM OF SKULL (OCCIPITO-MENTAL VIEW).

fluctuant and the skin over it normal and freely moveable. There was a little tenderness to pressure at the outer part of the swelling. The fundus of the eye was normal, but vision was impaired. No signs of disease were to be found in the nose. X-rays (Fig. 2) showed that the frontal sinuses were very large, especially the right one, and the right superior orbital margin was eroded at its inner end. The right maxillary antrum was opaque. The swelling was aspirated and a creamy yellow fluid drawn off, which was found to be sterile.

The diagnosis of mucocoele of the frontal sinus was

made, and Harmer's operation for drainage of the sinus was performed by Mr. Capps. Puncture of the maxillary antrum was first attempted, but no pus was discovered. An incision was made along the inner end of the eyebrow, and the periosteum elevated. The frontal sinus was found to be greatly distended, its cavity extending into the orbit. A part of the floor of the sinus was absorbed, so that its cavity could be entered without passing through bone. Free intra-nasal drainage was established, and a soft rubber catheter inserted into the sinus from the nasal cavity, and left *in situ*. The external wound was closed, and the catheter secured by means of a thread strapped to the forehead. When seen seven weeks after the operation, the external wound was well healed. Some muco-pus was draining away by the catheter. The headache was completely gone, the eye showed a less degree of displacement, and vision, though not equal to that in the left eye, was considerably improved.

The interest of this case lies in the diagnosis and the comparative rarity of the condition. In the early stages diplopia and supra-orbital headache, with no noticeable swelling or displacement, were unusual, and suggested involvement of the eye itself. Later the proptosis and displacement of the eyeball were very suggestive of a new-growth situated in, or encroaching on the orbit. The finding of a fluctuant swelling above the inner canthus was the clue to the actual condition, confirmed by the presence of sterile fluid contents. The difficulty in the diagnosis of frontal mucocele is chiefly due to the fact that the symptoms may be entirely referable to the orbit, evidences of nasal disease often being absent (1). Out of the 7 cases recorded by Logan Turner in 1907 (2), there was displacement of the eye in 6, and in none was there any nasal discharge. Howarth (3) records 15 cases of mucocele of the frontal sinus and anterior ethmoidal cells, and in all but 2 of these the nasal examination was negative.

The most important differential diagnosis has to be made from *new-growths* of the frontal sinus and orbit. If the bony walls of the sinus are distended, the swelling is hard and osteoma may be suspected. As the bone becomes rarefied the swelling comes to feel softer, and must be distinguished from sarcoma or fibro-sarcoma. An osteoma encroaching from above into the orbit will produce displacement of the eye and diplopia as in mucocele. Howarth (4) describes a case which had the appearances of a mucocele, and its true nature was discovered only on making a microscopic section, when it was found to be a fibrous osteoma. An X-ray is often very helpful in deciding between neoplasm and mucocele.

When the early symptoms are a swelling at the medial side of the orbit with epiphora, *cystic dilatation of the*

*lacrymal sac* may be suspected. Howarth mentions that in his series this condition had been diagnosed in three cases, in one of which the sac had actually been removed. The position of the swelling may be a guide in the differential diagnosis; in frontal mucocele it is usually situated above and lateral to the sac, but if anterior ethmoidal cells are involved, it is lower, and the distinction may be difficult. Firm pressure on a lacrymal sac, however, will usually express some of the retained contents into the nose or inner canthus.

Finally *dermoid cysts*, though far commoner at the outer angle of the orbit, do sometimes occur at the inner angle.

**Pathology.**—The disease has for some time been recognized as a separate clinical entity, distinct from the usual chronic inflammatory diseases of the para-nasal sinuses. It consists of the accumulation of mucus within the sinus, with thinning and sometimes distension of one or more of its walls. Various views as to the aetiology have been put forward. Some authors assume a cystic degeneration of the lining mucosa, or of polypi (5), or a cystic dilatation of the mucosal glands. The most general view, however, seems to be that the condition is due to a pre-existing catarrh, with cicatricial contraction and stenosis of the fronto-nasal duct. Howarth considered that injury was the exciting cause in five of his cases.

I should like to thank Prof. Gask for permission to publish this case, and Mr. J. P. Hosford and Mr. Capps for much help in preparing these notes.

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- (2) TURNER, A. LOGAN.—*Edin. Med. Journ.*, 1907, p. 481.
- (3) HOWARTH, WALTER G.—*Lancet*, 1921, ii, p. 744.
- (4) *Idem.*—*Proc. Roy. Soc. Med.*, 1924, xvii, p. 64.
- (5) DABNEY, VIRGINIUS.—*New York Med. Journ.*, 1921, cxiv, p. 619.

K. O. BLACK.

#### ACKNOWLEDGMENTS.

*The British Journal of Nursing—The Nursing Times—The Epsonian—Charing Cross Hospital Gazette—Guy's Hospital Gazette—St. George's Hospital Gazette—Middlesex Hospital Journal—Queen's Medical Magazine—The Magazine of the Royal Free Hospital—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—University College Hospital Magazine—King's College Hospital Gazette—Clinical Journal—East African Medical Journal—The General Practitioner—The Hospital—The Leprosy Review—Bulletins et Mémoires de la Société de Paris—L'Echo Médical du Nord—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-Graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières—Journal of the Indian Medical Association.*

## COLLEGE APPEAL FUND.

## SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff . . . . .	12,660	9	10	(71)
Demonstrators . . . . .	1,674	11	0	(67)
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Old Bart.'s men: †				
Bedfordshire . . . . .	12	11	6	(4) . (26)
Berkshire . . . . .	96	1	0	(14) . (37)
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Cheshire . . . . .	1	1	0	(1) . (26)
Cornwall . . . . .	22	2	0	(5) . (36)
Cumberland . . . . .	5	0	0	(1) . (6)
Derbyshire . . . . .	19	14	0	(4) . (17)
Devonshire . . . . .	557	14	0	(52) . (117)
Dorset . . . . .	52	1	0	(14) . (30)
Durham . . . . .	16	6	0	(3) . (11)
Essex . . . . .	229	19	6	(17) . (69)
Gloucestershire . . . . .	212	13	6	(20) . (66)
Hampshire . . . . .	406	14	0	(38) . (134)
Herefordshire . . . . .	13	3	0	(4) . (11)
Hertfordshire . . . . .	76	3	0	(13) . (73)
Huntingdonshire . . . . .				(1)
Isle of Wight . . . . .	181	13	0	(12) . (25)
Kent . . . . .	558	3	0	(64) . (146)
Lancashire . . . . .	91	4	6	(12) . (82)
Leicestershire . . . . .	133	12	0	(6) . (28)
Lincolnshire . . . . .	52	11	0	(13) . (25)
Middlesex . . . . .	382	3	0	(18) . (68)
Norfolk . . . . .	159	7	6	(18) . (60)
Northamptonshire . . . . .	54	4	0	(4) . (17)
Northumberland . . . . .	101	1	0	(2) . (11)
Nottinghamshire . . . . .	13	13	0	(2) . (28)
Oxfordshire . . . . .	185	3	0	(18) . (29)
Rutland . . . . .				(2)
Shropshire . . . . .	35	9	0	(8) . (22)
Somersetshire . . . . .	1013	10	0	(26) . (42)
Staffordshire . . . . .	194	18	0	(6) . (37)
Suffolk . . . . .	274	1	0	(18) . (40)
Surrey . . . . .	434	16	6	(47) . (180)
Sussex . . . . .	275	2	0	(49) . (170)
Warwickshire . . . . .	178	1	6	(18) . (56)
Westmorland . . . . .	1	0	0	(1) . (5)
Wiltshire . . . . .	97	11	0	(11) . (26)
Worcestershire . . . . .	153	19	6	(24) . (24)
Yorkshire . . . . .	270	4	6	(21) . (101)
Wales . . . . .	56	4	0	(12) . (150)
London . . . . .	2,759	16	8	(177) . (971)
Channel Islands . . . . .	10	0	0	(1) . (9)
Scotland . . . . .	14	4	0	(4)
Abroad . . . . .	48	5	0	(7)
South Africa . . . . .	326	10	6	(17)
Canada . . . . .	113	2	6	(8)
East Africa . . . . .	72	7	0	(8)
West Africa . . . . .	146	10	0	(5)
India . . . . .	152	0	0	(7)
Ceylon . . . . .	4	0	0	(1)
Syria . . . . .	2	2	0	(1)
U.S.A. . . . .	5	0	0	(1)
Ireland . . . . .	14	14	0	(3)
North Africa . . . . .	1	0	0	(1)
North Borneo . . . . .	5	5	0	(1)
Australia . . . . .	12	2	0	(3)
Friendly Islands . . . . .	1	1	0	(1)
Egypt . . . . .	4	2	0	(2)
Malay States . . . . .	6	0	0	(2)
China . . . . .	46	8	4	(8)
Siam . . . . .	10	0	0	(1)
France . . . . .	50	0	0	(1)
Trinidad . . . . .	22	2	0	(2)
British West Indies . . . . .	23	1	0	(3)
New Zealand . . . . .	2	1	0	(2)
Services . . . . .	524	14	0	(34)
Others . . . . .	31,844	13	4	(293)

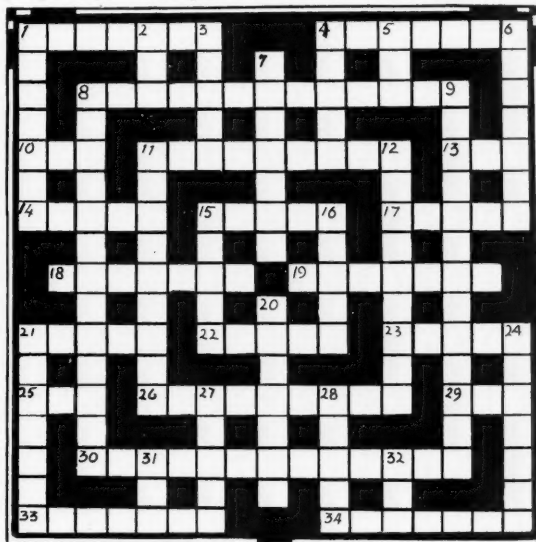
£58,167 11 1

\* Number of Bart.'s men subscribing.

† Number of Bart.'s men in County.

## CROSSWORD PUZZLE.

Solutions may be sent to the Editor. A de luxe copy of Round the Fountain will be given to the sender of the first correct solution opened after June 14th. Envelopes should be marked "CROSSWORD".



## Across.

1. 1/2 of 2.
4. Osseous incitement to vulgar theft by the fruit of a dog-rose.
8. Coy Miss in a cot (anag.).
10. Cockney innuendo of little interest.
11. Such a game is dramatic.
13. A short chapter turns this Pharm. abb. into a child's wrap.
14. Sylvan Gastrologist.
15. Accelerating projections.
17. Flat roof from the dealer's left, used in electrocardiography.
18. Even the short account of this acid is redundant.
19. Fifty on an island; used by mothers?
21. A small expert department.
22. Poetic perch?
23. This sphincter, maybe, is odd.
25. Eerie!
26. A singing horse is devilish metallic in our company.
29. Grouse without employment in Old Rome.
30. I measure a wee drappie.
33. Damaged caddy: Stilton is.
34. Gangrenous Castilian warrior—must have "got it in the neck".

## Downs.

1. With three exclamations I go bhang!
2. Good German pull up exposing bowel.
3. The only belief compatible with its opposite.
4. Hundredfold.
5. What's the matter?
6. Clot that gives 'em a lump in the throat.
7. Policeman who, when French, is a mere quantity of motion.
8. Such communication creates a bit of a hum.
9. Pals cry around (anag.).
11. Nervous disorder follows the discovery of crushed headgear in an automobile (Movie caption!).
12. Lunar acid.
15. Quill in the flesh of many of Caesar's contemporaries.
16. Notarial calculus.
20. Body cavity.
21. This type of abscess, opened, looks rather fishy.
24. Sweet station in the South of France.
27. Premonitory symptom of corns in the ear.
28. Acid, orderly when a conservative.
31. I paralyse the external sphincter.
32. Associated with plumage in an act of violence.

## LOPEZ THE JEW.

**W**ITH such a name he might have been a Barbary pirate; or one of those furtive and fabulously wealthy Jews of the Middle Ages. Or he might have been a pugilist like the great Mendoza. Quite a number of fantastic and picturesque careers are suggested, and each could easily be attributed to such a name. But he was, in sober fact, a physician to St. Bartholomew's; and although one would like to add, as a natural sequence, that he was eminent for his great learning, wisdom and piety, the further fact is that he most certainly died on a Tyburn gallows.

His story, for those who care to read it, is a strange one. His first name was Roderigo; his surname Lopez, written also variously as Lopes and Lopus. To the Elizabethan populace of London he was eventually notorious as Lopez the Jew. He was born, in about 1530, of a Jewish family long resident in Portugal, amongst whom the profession of medicine seems to have been followed for many generations. He pursued his studies in some warm Mediterranean university, unknown to us; he practised in Italy, married a Jewish wife from Antwerp and came to England in 1560. At the same date he was most happily converted to the Christian faith; and this was especially fortunate, since Jews were not permitted at the time to settle in this country. In 1561 he joined the Royal College of Physicians, and began gradually to acquire a fashionable and influential practice. In 1569 he should have lectured for the College on Anatomy, but having other preoccupations, was in default of this duty fined £4.

In the meantime he had been appointed Resident Physician to St. Bartholomew's. As such he was the first to hold office. In return for his services he had a house and garden within the Hospital precincts, and was paid the sum of forty shillings a year. In this house he lived with his wife and family—a considerate husband, as his letters show, and the father of numerous daughters. From this house, too, he proceeded gravely twice a week to attend to his patients in the Hospital's wards. We may picture him, I suppose, as a sedate and presentable man with his many cares hidden behind a smooth countenance, bearded, and with his spare form clad in a rich yet sober gown. Of the manner in which he performed his duties we have varying accounts. One of the surgeons with whom he worked observes that he was "careful and very skilfull . . . in dyeting, purging and bleeding"; and Bacon, who wrote an account of his subsequent treason, describes him at this time as "observant and officious, and of a pleasing and applicable behaviour". The Governors

of the Hospital, on the other hand, in 1575, ordered his parlour to be boarded, but only on condition that he were "more painfull in lookynge to the poore of the hospitall". Shortly afterwards he applied for permission to move further into the City, and in 1580 he relinquished his appointment.

He had, as a matter of fact, private concerns which occupied more of his time than he could well spare to the Hospital, and which he hoped would better repay him. Soon after his arrival in England he had attended the Earl of Leicester, and in 1586, through his influence, he became Physician to the Queen. Our Dr. Lopez, with his soft and confidential tread, was now to be seen in the royal antechambers; but however warily he walked henceforth, his responsibilities and intrigues were to make his last years uneasy. His fate was curiously linked with that of a certain Don Antonio, who came, like himself, from Portugal. Don Antonio was an adventurer, and at the moment a refugee, claiming to be the rightful king of Portugal; and in spite of his transparent pretence, he was well received in England for political reasons. Dr. Lopez was appointed to interpret between him and Queen Elizabeth, and came in time to manage much of his business. At this point the story becomes somewhat involved, owing to the partisan nature of contemporary accounts, but this much seems clear. Amongst Don Antonio's friends was the great Earl of Essex, and he also on occasions employed our Dr. Lopez when such a man could be of use to him. Poor, busy, scheming Dr. Lopez; he chanced unluckily to betray some secret of the Earl's, and was denounced to Don Antonio. He fell forthwith from Antonio's favour, and later from the Queen's.


At this juncture, a critical one, there appeared on the scene some enemies of Don Antonio's from Spain, who approached Dr. Lopez with this sinister project—that "Don Antonio should die, the first illness that befell him". Dr. Lopez agreed, and received from Spain "a very goodly jewel". But this was not all. If Don Antonio, a poor pretender, had his enemies, much more had Elizabeth of England. Dr. Lopez was approached again, this time with the proposal that a similar illness should befall the Queen. He hesitated; and while he was considering the plan, the Earl of Essex caught wind of it and exposed the whole plot. Dr. Lopez was arrested for treason, and soon the news was abroad throughout London "that old Doctor Lopus is in the Tower for intelligence with the King of Spain". This was the antique little London of timber houses that lay neatly within its walls between green fields and the sparkling river; the tidings flew apace along its narrow streets.

The trial took place in the Guildhall and was

protracted to a great length. Popular feeling ran high. The "goodly jewel" was found amongst his papers, and was taken as damning proof of his guilt, explain it as Dr. Lopez might, and protest he his innocence never so loudly. He was threatened with the rack and made confession, being by now an old man, and was at length pronounced guilty and "worse than Judas himself". An immense crowd assembled at Tyburn to watch his execution, and deafened him with their jeers when he tried to speak from the scaffold. So perished, in 1594, Dr. Roderigo Lopez, late Physician to St. Bartholomew's Hospital.

What shall we say, then, in conclusion? Peace to his memory? But no one remembers him; even I—who spent an afternoon pursuing his dim and misty figure through old pages in the Guildhall Library—even I will forget him very soon. So let's say farewell. Farewell, old Lopez! M. H. C.

### A LETTER FROM VIENNA.

HEN M. P. M. and I decided to go abroad for a three months' study of anatomy we chose Austria rather than Germany, believing at that time that Germany was in too great a state of unrest for peaceful study. Little did we know then that we were entering a city seething with unrest, and ready to break out into revolution at any moment.

After an uneventful journey of some thirty-six hours we arrived in Vienna, and next morning set out to explore the city and to present our credentials to the Professor of Anatomy. When we called Prof. Pernkopf was conducting examinations, so we took this opportunity of inspecting the Institute in which we proposed to spend the next three months.

It is a very fine building situated close to the University, and extremely well equipped. There are about five hundred students. Each dissecting table is as well lighted as most operating tables; the material is well preserved and adequate, each student alone having to dissect half the body in the course of his studies. The first term is devoted entirely to the study of bones and the dissection of joints. A very useful innovation is the "*studier local*", where students may obtain from the attendant any specimen they may wish to study. At the end of term each student has a "*viva*" lasting from twenty minutes to two hours, according to the mood of the Professor. These take place in the lecture theatre, and anyone wishing to attend may do so.

We were very graciously received by Prof. Pernkopf, who, as soon as he understood our needs, summoned

one of his prosecutors—Dr. Pichler—and put us in his care. For the rest of our stay we dissected in Dr. Pichler's private dissecting-room, which was even more efficiently equipped than the main dissecting rooms. Here it was that we had coaching in a mixture of German and Latin, and here also we spent a very interesting morning with the recently retired Prof. Hochstetter, whose researches into embryology are too well known to require further mention.

Each morning saw us at a lecture which we had little difficulty in understanding, the only disturbing element being the police, who would sometimes turn out as many as twenty strong to arrest some unfortunate student who had been heard singing a Nazi song or otherwise misbehaving himself. These fellows would disappear to a concentration camp, and not be heard of for six months, when they would return looking thin and full of nothing but politics.

The week-ends were mostly spent in a hut on the Schneeberg or Rax Alp, about fifty kilometres from Vienna, approached by train and mountain railway. Here we learnt to ski, but these are no mountains for a beginner, as the slopes are precipitous and mostly covered in ice at this time of the year. Of the two, the Rax Alp is the worse, having an almost perpendicular route down its side which zig-zags through the woods; falling only accelerates one's downward career. There was, however, plenty of amusement to be had from them, and they made a good training-ground preparatory to five excellent days at Radstadt on the way home.

It was on our return from one of these week-end expeditions that we arrived, weary and sore, to find Vienna in a state of darkness and warfare. We chartered one of the few available taxis, but were constantly held up by militia and barbed wire entanglements, eventually having to take a soldier on board before getting back to the pension. It was fortunate that we happened to have our passports with us.

For the next fortnight we knew very little of what was happening, as all the papers were strictly censored. The nights were made hideous by the roar of heavy artillery pounding away in the suburb of Floridsdorf. There the Socialists were desperately defending one block of flats after another, escaping from one doomed house to the next by way of the sewers in an attempt to reach the Czecho-Slovakian border. Some of these men were subsequently a source of menace to the populace, as they would appear from a sewer and shoot at anybody who happened to be passing. Barbed wire everywhere and a constant showing of passports made progress difficult. During this trouble, as the University was shut, we obtained special passes and dissected alone and in comparative peace.

After these episodes the fracture clinic of Prof. Böhler proved an interesting museum of gunshot wounds and lacerations. Gas gangrene was prevalent, there being twenty to thirty deaths from this cause in Vienna alone. Prof. Böhler had no deaths whatever, and this is all the more interesting as he used no serum, though he found the organism in the pus of many wounds. He put his faith entirely in the well-tried methods of excision and complete rest of the injured part.

We found the Austrians, individually, to be an extremely hospitable and friendly people with a well-developed sense of humour. It was with the greatest regret that we had to take our departure from them.

R. H. H. W.

## ABERNETHIAN SOCIETY.

The election of officers for the ensuing year resulted as follows:

*Presidents:* A. Innes, A. H. Hunt.

*Vice-Presidents:* J. A. Squire, P. H. R. Ghey.

*Hon. Secretaries:* G. Blackburn, H. Noel Davis.

*Extra Committeemen:* D. B. Fraser, G. A. Fairlie-Clarke.

A vote of thanks was passed to the retiring officers, and the hope expressed that A. H. Hunt would soon be able to resume his duties.

## STUDENTS' UNION.

### ATHLETIC CLUB.

The opening match took place on May 3rd against Emmanuel College, at Fenners. Although the sides were not fully representative the issue was close, and Emmanuel only gained their 6 points victory in the last event. Individually, and in spite of an obvious lack of training, the performances were very satisfactory, Jopling, Perrott, Coltart and Dransfield winning their respective events. The sprinting of E. I. Davis, the Cambridge A. C. President, and the weight-putting of A. W. Carver proved too strong for our men, though in the latter event D. B. Fraser's effort of 37 ft. 7 in. showed that he should be an asset to our team strength.

The University of London Sports were held on May 3rd and 5th. The Athletic Club Committee had decided not to enter a team; our only representation was individual in three events. However, since K. W. Martin won the pole vault, C. P. C. Reilly the 440 yards hurdles—this in the record time of 57½ sec.—and Dransfield was second in the javelin, the outcome was reassuring.

An athletic match took place between St. Bartholomew's Hospital A.C. and Southgate Harriers on the evening of May 16th, which was won by the Hospital by 57 points to 41.

A cold wind and rather heavy going combined to prevent any record-breaking performances, but the results, on the whole, were satisfactory.

Outstanding were: Two good runs by Nel in the 100 and 220 yards, a splendid finish by Black in the mile, good long-jumping by Akeroyd and Youngman, and a steady 3 miles by Garrod against a Middlesex champion.

### RESULTS.

100 Yards: 1, J. G. Nel; 2, J. G. Youngman; 3, Hobson (S.). Time, 10½ sec. 1 yd., ½ yd.

440 Yards: 1, Lawrence (S.); 2, C. P. C. Reilly; 3, W. H. Jopling. Time, 53 sec. 1 ft., 2 yds.

120 Yards Hurdles: 1, Bowler (S.); 2, W. D. Coltart; 3, G. L. Way. Time, 17½ sec. 3 yds., 1 yd.

Javelin: 1, C. M. Dransfield, 142 ft. 6 in.; 2, E. E. Harris, 131 ft. 6 in.; 3, Pritchard (S.), 130 ft. 6 in.

3 Miles: 1, Nichols (S.); 2, O. C. Garrod; 3, Davidson. Time, 15 min. 51 sec. 25 yds., ditto.

Long Jump: 1, G. A. Akeroyd, 20 ft. 1 in.; 2, J. G. Youngman, 20 ft. ½ in.; 3, Steang (S.), 18 ft. 1½ in.

High Jump: 1, Hart (S.), 5 ft. 2 in.; 2, G. L. Way, 5 ft.; 3, R. Mundy, 4 ft. 10 in.

880 Yards: 1, Lawrence (S.); 2, Pritchard (S.); 3, T. P. Storey. Time, 2 min. 12½ sec. 1 yd., 2 yds.

Weight: 1, D. R. Fraser, 36 ft. 11 in.; 2, G. D. Wedd, 35 ft. 9 in. 1 Mile: 1, Eccles (S.); 2, A. I. Kinnear; 3, K. O. Black. Time, 4 min. 46½ sec. 1 yd., 6 in.

220 Yards: 1, J. G. Nel; 2, Daw (S.); 3, Horn (S.). Time, 23½ sec. 2 ft., 1 ft.

Thus, at the moment, we hope to retain the Inter-Hospitals Championship, which we gained last year after a close struggle with St. Thomas's Hospital. Already the extra training facilities at Charterhouse Square reflect in the improved performances of our field events men by whom the team is consolidated.

The Hospital Sports this year will take place on Saturday, June 30th, at Winchmore Hill, to start at 14.30 hours. The President and Committee extend a hearty invitation to all members of the Hospital and their friends.

### INTER-HOSPITAL ATHLETIC SPORTS, 1934.

St. Bartholomew's again won the Hospitals' championship on May 26th, scoring 56 points as against St. Thomas's 45 and Guy's 28. The Princess Marie Louise Cup for the best individual performance was awarded jointly to Reilly and Page. The British Medical Association Cup for the best all-round performance was again won by Reilly.

The results were:

100 Yards: 1, J. G. Nel (St. Bartholomew's); 2, L. R. J. Rinkel (St. Thomas's); 3, A. Heriot (King's). Won by a yard. Time, 10½ sec.

220 Yards: 1, J. G. Nel (St. Bartholomew's); 2, A. T. Marrable (St. Thomas's); 3, L. R. J. Rinkel (St. Thomas's). Won by 2 yards. Time, 23 sec.

Pole Vault: 1, K. W. Martin (St. Bartholomew's), 10 ft. 9 in.; 2, B. B. Botha (St. Bartholomew's), 10 ft. 6 in.; 3, R. S. Holtan (St. Thomas's) and C. J. P. Pearson (St. Thomas's), 9 ft. 4 in., equal.

Half Mile: 1, C. W. J. Claydon (King's); 2, H. Theakston (St. Thomas's); 3, R. Tilly (Guy's). Won by 4 yards. Time, 2 min. 3½ sec.

Putting the Weight: 1, A. J. Martin (St. Thomas's), 40 ft. 6½ in.; 2, D. R. Fraser (St. Bartholomew's), 39 ft. 9 in.; 3, G. D. Wedd (St. Bartholomew's), 38 ft. 2 in.

High Jump: 1, G. S. W. Organe (Westminster), 5 ft. 8 in.; 2, R. O. Yerbury (Guy's), 5 ft. 6 in.; 3, J. Smart (St. Bartholomew's), 5 ft. 5 in.

120 Yards Hurdles: 1, A. Anderson (St. Thomas's); 2, P. Griffin (Guy's); 3, C. C. Jeffery (London). Won by inches. Time, 16½ sec.

Throwing the Javelin: 1, B. L. Prendergast (St. Mary's), 148 ft. 8½ in. (record); 2, C. M. Dransfield (St. Bartholomew's), 143 ft. 3 in.; 3, E. E. Harris (St. Bartholomew's), 129 ft. 5 in.

Quarter Mile: 1, C. P. C. Reilly (St. Bartholomew's); 2, D. Dutoit (Guy's); 3, A. Heriot (King's). Won by 10 yards; 1 yard. Time, 51 sec.

1 Mile: 1, B. H. Page (London); 2, A. E. J. Etheridge (Guy's); 3, K. O. Black (St. Bartholomew's). Won by 60 yards. Time, 4 min. 29½ sec. (record).

Long Jump: 1, G. W. S. Organe (Westminster) and R. E. Bonham-Carter (St. Thomas's), 21 ft. 7½ in., equal; 3, A. T. Marrable (St. Thomas's), 21 ft. 7½ in.

Quarter Mile Hurdles: 1, C. P. C. Reilly (St. Bartholomew's); 2, A. Anderson (St. Thomas's); 3, P. Griffin (Guy's). Won by 15 yards. Time, 56½ sec. (record).

Tug-of-War: St. Thomas's beat Guy's by two pulls to one.

1 Mile Relay (880, 440, 220, 220): 1, St. Thomas's (H. Theakston, A. T. Marrable, R. E. Bonham-Carter and L. R. J. Rinkel); 2, St. Bartholomew's; 3, King's. Won by 15 yards. Time, 3 min. 45½ sec.

3 Miles: 1, A. E. J. Etheridge (Guy's); 2, G. T. S. Williams (St. Bartholomew's); 3, A. Garrod (St. Bartholomew's). Time, 15 min. 19½ sec.

Champion Hospitals' Competition: St. Bartholomew's (holders), 56; St. Thomas's, 45; Guy's, 28; King's, 11; Westminster, 9; London, 7; St. Mary's, 6.

Princess Marie Louise Cup: C. P. C. Reilly (St. Bartholomew's) and B. H. Page (London) joint winners.

British Medical Association Cup: C. P. C. Reilly (holder).

### TENNIS CLUB.

The 1st VI have played three matches, all of which have been lost. The first match on the Melbury hard courts was lost by seven matches to two, E. Corsi and K. A. Latter being the only successful

pair. Against Queen's Club the 1st VI were again beaten by seven matches to two, K. A. Latter and B. Thorne-Thorne being the successful pair. The third match against R.N.C. Greenwich was lost by a depleted team by five matches to four. The results will no doubt improve as the amount of practice increases.

Out of three matches the 2nd VI have won one and lost two, winning against Northampton Engineering College, and losing to St. Thomas's and the London Hospital.

#### ASSOCIATION FOOTBALL CLUB.

##### ANNUAL GENERAL MEETING.

The following officers were elected for the season 1934-1935:

*President:* Dr. H. Hurlley.

*Vice-Presidents:* Sir Charles Gordon-Watson, Dr. A. E. Gow, Mr. Foster Moore.

*Captain:* D. R. S. Howell.

*Hon. Secretary:* C. N. Burnham-Slipper.

*Hon. Treasurer:* P. J. Hardie.

*Captain 2nd XI:* C. J. Carey.

*Hon. Secretary 2nd XI:* G. H. Darke.

*Captain 3rd XI:* A. G. Cunningham.

*Committee:* Captain, Secretary, Treasurer, and A. H. Hunt and J. W. B. Waring.

The sincere thanks of the Club are due to the untiring efforts of the retiring officers during the last most successful season.

#### HOCKEY CLUB.

At the Annual General Meeting held on April 23rd, the following were elected as officers for next season:

*President:* Dr. A. E. Gow.

*Vice-Presidents:* Dr. Geoffrey Evans, Mr. T. H. Just.

*Captain 1st XI:* J. M. Lockett.

*Hon. Secretary:* P. G. Hill.

*Match Secretary:* G. Blackburn.

*Captain 2nd XI:* A. D. Sharpe.

*Secretary:* T. M. C. Roberts.

*Captain 3rd XI:* A. M. Carver.

#### CRICKET CLUB.

##### ST. BARTHOLOMEW'S HOSPITAL v. WANDERERS.

Played at Winchmore Hill on Wednesday, May 2nd, under ideal conditions.

The Wanderers lost the toss, and after Wedd had made them bat on a good wicket, put up the useful score of 109 in about three hours. Cochrane, Mundy and Dolly bowled well. With plenty of time in which to get the runs or get out, Bart's started poorly, and it was not until Capper joined Morison that things took a turn for the better. Capper did not quite know what to make of Wheathouse's slows at first, but soon began to see the ball and hit it really hard, passing the 50 mark before Morison, who had started with a substantial lead on him. Wedd knocked up a quick 20 to make the game secure, and the last men went in with the idea of scoring or getting out, chiefly resulting in the latter. An excellent game and a good start to the season to beat a strong team, which we have not beaten for many years.

*Scores:* Wanderers, 199.

C. R. Morison, c Parker, b Hawkins	81	W. M. Maidlow b Hart	10
R. C. Dolly, b Hart	1	C. M. Dransfield, b Hawkins	0
G. V. H. Wade, b Wheathouse	10	W. T. Ross, b Hart	0
W. M. Capper, c Eland, b Hart	65	R. Mundy, b Hart	9
G. D. Wedd, b Hart	20	J. C. Cochrane, not out	1
J. D. Wilson, c Whittaker, b Hart	5	Extras	16
		Total	218

##### ST. BARTHOLOMEW'S HOSPITAL v. ROMANY C.C.

Played at Winchmore Hill on Sunday, May 6th.

Winning the toss, Romany batted first, but, in spite of a good wicket, found runs hard to get against the bowling of Cochrane and Mundy. They were all out after lunch for 96, which did not seem to be a very formidable total to beat. Robertson-Glasgow opened the bowling for the Romany, and with a strong wind behind him was bowling very fast and accurately; at teatime he was responsible for having put Bart's in the unenviable position of 6 wickets for 38. After tea, however, Mundy was joined by Maidlow, and both showed

that Robertson-Glasgow, if not to be hit, at least could be played. The winning hit was justly made by Mundy, a beautiful 6 into the tennis courts.

Robertson-Glasgow took 6 wickets for 24 runs.

*Scores:* Romany C.C., 96.

*Bowling:* Cochrane, 3 for 11; Dolly, 2 for 31; Dransfield, 4 for 13,

C. R. Morison, b Robertson-Glasgow	10	W. M. Maidlow, c Yglesias, b R.-Glasgow	29
S. Littlepage, lbw, b R.-Glasgow	0	C. M. Dransfield, st Goold, b Boyle	15
R. C. Dolly, c Muir, b Pearse	14	J. B. Bamford, c Gordon, b Yglesias	6
D. J. A. Brown, b R.-Glasgow	0	J. C. Cochrane, not out	0
G. V. H. Wade, b R.-Glasgow	6	Extras	15
J. D. Wilson, b R.-Glasgow	0		
R. Mundy, c sub, b Yglesias	48	Total	143

*Bowling:* R.-Glasgow, 6 for 24.

##### ST. BARTHOLOMEW'S HOSPITAL v. U.C.S. OLD BOYS.

Played at Winchmore Hill on Saturday, May 12th.

The U.C.S. Old Boys won the toss, and rightly decided to bat on a true wicket. Cochrane started well by bowling two of their men in the first over. Cochrane and Wedd did most of the bowling, and with the aid of Dransfield and Dolly, kept the Old Boys fighting for runs, and at tea-time they had been dismissed for 123. Bart's did not start well, and Dransfield was the only batsman of the first four who looked as if he was going to score. It was not until Wedd had been in for half-an-hour that the game took a turn for the better. After a shaky start he settled down and began to hit the ball fairly in the middle of the bat, and when he was with Maidlow in a productive stand the game was virtually won. But the U.C.S. O.Bs., or the gods, or both, thought otherwise, for first of all Maidlow was rather foolishly run out, then Wedd appeared to throw his wicket away (to let the others have a knock!). The rest is best left unsaid, the explanation of failure in some cases, at any rate, being quite unexplainable. In no way detracting from Glanfield's excellent last two overs (in which he took 3 wickets for none), and Mackie's last over (in which he took 2 for none), Taylor and Moran must have felt wronged after having borne the brunt of the bowling so well for the greater part of the innings.

*Scores:* U.C.S. Old Boys, 123.

*Bowling:* Cochrane, 3 for 17; Wedd, 3 for 32; Dransfield, 2 for 8.

S. Littlepage, lbw, b Taylor	7	J. D. Wilson, b Glanfield	0
G. V. H. Wade, c Moran, b C. M. Dransfield, st Sharman, b Moran	33	Glanfield	0
W. M. Capper, b Mackie	0	W. M. Capper, b Mackie	0
C. R. Akeroyd, b Taylor	1	R. C. Dolly, not out	0
D. J. A. Brown, st Sharman, b Moran	10	J. C. Cochrane, b Glanfield	0
Extras	5		
G. D. Wedd, b Mackie	52		
W. M. Maidlow, run out	13	Total	121

#### SWIMMING CLUB.

The prospects of this season seem very bright, as the Hospital still has the services of the greater part of last season's team. Several newcomers may strengthen the team considerably, so that the Club now stands a very good chance of retaining its trophies, although a great deal of training will be necessary to bring the team up to scratch.

The United Hospitals' Swimming Gala will be held at Marshall Street Baths on June 30th.

##### ST. BARTHOLOMEW'S HOSPITAL v. POLYTECHNIC 1ST TEAM.

This match, the first of the season, was played at the Polytechnic Baths and proved a great success, although the Hospital lost. The Polytechnic are one of the best teams in the district and Bart's were able to turn out a strong side, which was just unable to hold the opposition.

The Hospital defended the deep end in the first half and were very slow in getting off the mark and tackling the opposing forwards. The defence was rather weak, so that Sutton had to do a great deal of extra work in order to strengthen the defence. Half-time came with the Polytechnic winning by 4 goals to nil.

The second half was much the same as the first, although at the start the forwards did show signs of better combination. Sutton was able to attack rather than to defend, so that the Hospital slowly reduced the lead. Towards the end the team slowed up

considerably, due to lack of training, and failed to hold their opponents in the last few minutes.

Result: Lost by 4 goals to 6.

Team.—G. S. Vartan, A. Orlek, B. H. Goodrich, R. J. C. Sutton, C. K. Vartan, J. C. Newbold, T. O. McKane.

#### ST. BARTHOLOMEW'S HOSPITAL v. OLD MILLHILLIANS.

This match was played at Fitzroy Baths and consisted of swimming and water polo. It was impossible to turn out a strong team, but the sides were well matched.

The swimming consisted of a 60 yards race, won by C. K. Vartan, with Saltman third; 30 yards, in which Dransfield and Brockbank were second and third respectively; and a team race, which was won by the Old Millhillians.

Result: Lost, 11 points to 14.

The polo match was a great improvement on previous games, and the team, although composed mainly of reserves, put up a very good show and gave glimpses of good combination, which had been noticeably absent from previous matches.

The Hospital won the toss and defended the deep end. Vartan began attacking from the start, with the result that two goals came early on in the game, both after a good movement between forwards and half-back. The Old Millhillians retaliated with one goal just before half-time. (Half-time, 2—1.)

The second half showed better team-work on the whole, both backs marking well and swimming through when possible. Moore scored a clever goal with a pass from Vartan, and Dransfield played a very safe game in goal.

Result: Won, 4—1.

Team.—C. M. Dransfield, G. S. Vartan, J. H. West, C. K. Vartan, P. Saltman, F. T. Moore, T. O. McKane.

#### RIFLE CLUB.

The season on the miniature range was brought to an end at the beginning of May.

During the season the "A" team have fired 36 matches and have won 27 and the "B" team 22 matches and won 12, making a total of 39 wins out of 58 matches fired—a very creditable performance.

The following is a summary of the season's events.

#### The Lloyd Cup.

(Presented to the winner of the Inter-Hospital League Competition.)  
Won by St. Bartholomew's Hospital.

This competition was re-started last season after a lapse of several years. Bart.'s now win it for the second year in succession with the proud record of having won all their matches in this league throughout the two seasons.

#### Engineer's Cup League.

After holding the leading position to within a few weeks of the season's end, Bart.'s were beaten into second place and lost the cup to Imperial College by 1 point. Eight teams competed, and of 14 matches shot, Bart.'s won 11 and lost 3.

#### City of London Rifle League.

In the final league table Bart.'s "A" were 4th in Division 7, in which 10 teams competed.

Matches fired, 18: Won 12, lost 6.

Bart.'s "B" were 5th in Division 13, in which 11 teams competed.

Matches fired, 20: Won 9, drawn 1, lost 10.

The Bronze Medal, awarded to the member of each team obtaining the highest average of all scores made in C.L.R.L. matches, was won as follows:

"A" team: D. O. Davies; score 98'47.

"B" team: N. B. Mundy; score 96'00.

#### Individual Cup Competitions.

The following were finalists in the Lady Ludlow and Sir Holburt Waring Cup competitions:

##### Lady Ludlow.

D. O. Davies.  
J. E. Underwood.  
W. A. Owen.  
B. P. Armstrong.  
G. E. Soden.  
H. Bevan-Jones.  
G. C. Brentnall.

##### Sir Holburt Waring.

D. O. Davies.  
L. R. Leask.  
W. A. Owen.  
J. E. Underwood.  
G. E. Soden.  
H. Bevan-Jones.

In both competitions D. O. Davies and J. E. Underwood tied for first place with scores of 99. In a second attempt to decide the issue both again made similar scores, but finally J. E. Underwood scored a possible (100), to become a worthy winner of both competitions.

#### Clay Disc Competition.

This competition was instituted this season, and took the form of a knock-out tournament involving rapid fire at clay discs. In a closely contested final round between G. H. Pickering and G. C. Brentnall, the prize of a Pewter Tankard was won by G. H. Pickering.

Practice on the open range at Bisley has now commenced and, it is hoped, will be continued up to the first stage of the Inter-Hospital Armitage Cup Competition in June, by which time the selected team should be able to give a good account of themselves.

## CORRESPONDENCE.

### YOUNG'S RULE.

To the Editor, 'St. Bartholomew's Hospital Journal'.

"Were they not come as guests to a remembered room,  
Those words . . ."

DEAR SIR,—The recent grateful revival of interest in Thomas Young has tempted me to return to a freshly written article (modestly described as a "note") by Dr. Ralph Bolton in this Journal (October, 1932, xl, pp. 11-14), in which he piously associates two eponyms with this meteoric genius: Young's Modulus of Elasticity and the Young-Helmholtz Theory of Colour Vision. It may be timely to suggest, and I trust it may not be trivial and superfluous, that many students and practitioners of medicine are accustomed to keep his memory green in yet another eponym: *Young's Rule*, which gives the dosage of drugs suitable for children below the age of twelve years.

I am,

Yours faithfully,

11, The Avenue,  
Bedford Park, W. 4;  
March 10th, 1934.

W. R. BETT.

## REVIEWS.

**SURGERY OF THE SYMPATHETIC NERVOUS SYSTEM.** By GEO. F. GASK, C.M.G., D.S.O., F.R.C.S., Professor of Surgery, University of London, Director of Surgical Unit, St. Bartholomew's Hospital, and J. PATERSON ROSS, M.S.(Lond.), F.R.C.S., Reader in Surgery, University of London, Assistant Surgeon and Assistant Director, Surgical Unit, St. Bartholomew's Hospital. (London: Baillière, Tindall & Cox, 1934.) Pp. xii + 162. Figs. 43 (13 Plates). Price 16s.

Gaskell and Langley discovered our present knowledge of the anatomy and physiology of the sympathetic nervous system, and their labours were completed by the beginning of the present century.

This knowledge passed into current teaching, but apart from a few isolated instances nothing happened to draw attention to its surgical uses until the work of Le Riche in France, and Royle and Hunter in Australia. By these two widely distant sources the attention of all surgeons was drawn to the operations of "periarterial sympathectomy" for vascular and motile disorders of the extremities, and to "ramisectomy" for the alleviation of the spastic element in palsies of central origin. Both these uses of sympathetic surgery are now condemned because they are based on anatomical errors. Paradoxical as it may seem, the introduction of sympathectomy into surgical practice for wrong reasons led to its extensive adoption. The interest of the surgical profession was aroused and the uses and abuses of sympathectomy became widespread. It would be easy to compile a list of over one hundred names of diseases for which sympathectomy has been both advocated and practised.

This rush naturally led to a state of affairs in which some surgeons believed that almost anything might be accomplished by sympathectomy, while others declared there was nothing in it.

It was clear that the ebb and flow of the sympathectomy fashion would continue unrestrained by real knowledge unless somewhere there was a centre with the organization and the interest to find out really what did occur. It so happened that Bart.'s had established its Surgical Unit, and one of the first problems that engaged its attention was this problem of sympathectomy.

The Unit soon discovered that a great many anatomical problems needed further scrutiny, and investigations were begun on the innervation of blood-vessels, the distribution of sympathetic fibres to the pelvic viscera, to the genito-urinary tract, and to the alimentary canal, especially the large bowel and the œsophageal-cardiac region.

Since the sympathetic fibres exercise a continuous constrictor influence upon the blood-vessels of the extremities, it is possible, by abolishing this influence temporarily, to obtain a measure of the activity of the sympathetic fibres, to assess how much they contribute to the patient's disease and how much relief may be expected from their removal. In devising apparatus for these purposes, in the collection and analysis of the information so derived, the Unit has been especially successful.

The performance of a sympathectomy operation requires a decision to be made as to where the sympathetic outflow is to be interrupted (preganglionic fibre, cell, post-ganglionic fibre, for instance), and how this is to be achieved. In the elaboration of the anterior approach to the cervico-thoracic cord, the proof that the chain at least as low as the second thoracic ganglion is at the command of the surgeon, the rapid convalescence after this anterior dissection and its freedom from unpleasant sequelæ the Unit has made another important contribution.

It is a pleasure to draw attention to these successes by our Surgical Unit. Important, however, as is its work as a centre of investigation, still more important is the fact that such work necessarily makes it an authoritative centre entrusted with the power of drawing the boundaries of sympathetic surgery. Thus it restrains the hyperactivity of the uncritical, and encourages a proper appreciation in the merely sceptical.

Our Surgical Unit is a recognized world's centre on the problems of sympathetic surgery. Public recognition of this has been forthcoming on several occasions. What it has found to be good and true in sympathetic surgery it now gives to the world in the present volume—a volume which is short, lucid, and based on the critical investigations of the authors.

THE PHYSICIAN'S ART. By ALEXANDER GEORGE GIBSON. (Oxford: The Clarendon Press, 1933.) Pp. 237. Net price 7s. 6d.

Unfinished fragments by great writers are as interesting as they are tantalizing. It is doubtful, however, whether the world has not lost, but, rather, gained by the various attempts to finish the manuscripts. Whatever the effect in other instances, Dr. Gibson has made here a valuable contribution to general medical literature in his expansion of John Locke's fragment, *De Arte Medica*. Locke had succeeded in getting little further than a statement of his object, which was to "consider—

"(1) The present state of the faculty of Medicine as it now stands in reference to Diseases and their cure

"(2) The several degrees & steps whereby it grew to that height it is at present arrived to, wch I suppose are these following  
1 Experience 2 Method founded upon philosophy & Hypothesis.  
3 Botanique. 4 Chymistry. 5 Anatomy. In all wch I shall endeavour to shew how much each hath contributed to the advancing the Art of Physick, & wherein they came short of perfecting it

"(3) What yet may be farther donne towards the more speedy and certain cure of diseases, i.e. By what means & method the practise of physick may be yet brought nearer to perfection."

Dr. Gibson does not adhere strictly to these objects, but gives a most wise and pleasant exposition of the ethics and methods of good practice.

He deals with the generalities first, and then passes on to details in the system and the address of the doctor himself. An indication better than any description, however, can be given by the simple setting forth of the list of contents:

- I. On John Locke's Fragment *De Arte Medica*.
- II. Art and Science.
- III. Of Diagnosis.
- IV. Of Prognosis.
- V. Of Treatment.
- VI. The Ethics and Management of Practice.
- VII. Of the Doctor Himself.
- VIII. Optimism.

And again, a few quotations can give an idea of the author's wisdom and mode of expression more clearly than any abstract:

"If the art of medicine can be learned by conscious directive effort apart from the ordinary routine of daily practice, then it

ought not to be left to haphazard methods; the course must be charted. The present study is based on the assumption that such an aim is not impossible; that in certain ways, not always current knowledge amongst doctors, a man's art may be improved, so that much of what is learned by experience may be made available for others."

"It is assumed then that to have been well grounded and properly trained in the science of medicine and to abide by the usually accepted principles of practice is not enough for developing the full power of the doctor's faculty. It is obvious also that neither the science nor the art of medicine can be acquired wholly from books; some men indeed never read books and yet acquire a considerable knowledge both of the one and the other; but book knowledge is a means of shortening labour, of refreshing the memory and of stimulating the imagination. A love of reading and a study of some portions of the world's best books cannot but assist in the widening of medical outlook."

"Relative value of signs.—In diagnosis one sign is not enough unless it is so marked as to be a chief sign. In slight signs two indications must converge or a clinical sign must be confirmed by a microscopical or laboratory finding. A positive Widal reaction is no proof of typhoid fever. More often, however, signs and symptoms require consideration before they can be fitted into the supposed course of a disease: it is then that we must seek for confirmatory signs, which some other part of the body, such as the fundus oculi, which has hitherto been omitted in the examination or examined carelessly, may provide. The real value of clinical pathology is to provide confirmatory evidence."

"Testing the method.—In order to bring out the true meaning of situations in which personal and other considerations may bias judgment, it is desirable to have certain tests, most conveniently in the form of questions. The most useful one is 'If this patient were my child, wife or mother, should I give the same advice as I am now going to give?', and another is 'Shall I be ashamed to acknowledge this advice as my own, and can I substantiate it if a colleague ultimately comes to have charge of the patient?'

"Approach to patients.—Special thought is not ordinarily required for the approach to a patient, beyond adherence to the rules of good breeding, but it may sometimes be necessary when he must be encouraged to frankness, and his consent obtained for a full examination. Children demand this study, for they readily distinguish between those who are in sympathy with them and those who are not. There is a whole freemasonry of signs between children themselves and between some men and children. It is reported of a London doctor that when a child is brought to him he sits on the floor by the child while the mother sits on a chair near by."

"Optimism sustains.—The man to sustain the patient in an emergency and pull him through it must be an optimist, and if a doctor is not naturally one and wishes to be successful he must acquire the attitude; this is what many men do, much to the advantage both of their practices and their characters. 'A merry heart is a good medicine; but a broken heart drieth up the bones'. 'The spirit of man will sustain his infirmity, but a broken spirit who can bear?' (*Proverbs*, xvii, 22, and xviii, 14)."

These quotations can give only a very dim impression of the whole book, but we have ourselves enjoyed and found food for thought in almost every sentence.

It is beautifully produced and written, and we have no hesitation in commending it to everyone who is anxious to get the best out of his calling.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

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- BRAIMBRIDGE, C. V., F.R.C.S. (Edin.). "A Case of Lymphangioma of the Tongue." *East African Medical Journal*, December, 1933.
- (and TROWELL, H. C., M.R.C.P.). "A Case of Chronic Duodenal Ulcer in an African Native." *East African Medical Journal*, March, 1934.
- (and HOPKIRK, W. G. S., M.B.). "Note on an Unusual Case of Intestinal Obstruction." *East African Medical Journal*, March, 1934.

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GARROD, LAWRENCE P., M.D., M.R.C.P. See Hadfield and Garrod.

GRAHAM, GEORGE, M.D., F.R.C.P. See Cullinan and Graham.

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MARSHALL, J. COLE, M.D., F.R.C.S. "The Causation and Operative Treatment of Detachment of the Retina." *Practitioner*, May, 1934.

PARAMORE, R. H., M.D., F.R.C.S. "The Treatment of Puerperal Sepsis." *Medical Forum*, January-March, 1934.

STALLARD, H. B., M.D., F.R.C.S. "Glaucoma." *Practitioner*, May, 1934.

UNDERWOOD, W. E., F.R.C.S. "Pyelography in Infants." *Archives of Disease in Childhood*, April, 1934.

WARD, ROY, M.B., B.S. "Cancer: with Special Reference to Early Diagnosis." *British Medical Journal*, May 19th, 1934.

## EXAMINATIONS, ETC.

### University of Cambridge.

The following Degrees have been conferred:

**M.D.**—Evans, G. S. W.

**M.B.**—Lane, C. R. T.

**B.Chir.**—Houlton, A. C. L., Smart, J.

### Conjoint Examination Board.

#### Pre-Medical Examination, March, 1934.

**Chemistry.**—Carroll, C. R. K., Carver, A. J., Messent, J. J., Moseby, W. G., Whittaker, W. O.

**Physics.**—Carroll, C. R. K., Carver, A. J., Messent, J. J., Morley, T. R., Moseby, W. G.

**Biology.**—Bowen, R. A., Carroll, C. R. K., Carver, A. J., Corfield, C. C., Hardie, P. J., Hartill, G. G., Messent, J. J., Roberts, T. M. C., Whittaker, W. O., Williams, G. T. S.

#### First Examination, March, 1934.

**Anatomy.**—Barlow, A., Boden, G. W., Coates, H., Dalziel, J., Friedburg, W. K. S., Halford, R. B., Henderson, J. L., Stevenson, R. Y., Wade, G. V. H.

**Physiology.**—Barlow, A., Boden, G. W., Dalziel, J., Friedburg, W. K. S., Halford, R. B., Henderson, J. L., Saltman, P. B. L.

**Pharmacology.**—Boden, G. W., Bones, A. O., Bloom, N. H., Clarke, S. H. C., Coates, H., Cole, M. J., Dalziel, J., David, J. E. A., Dolly, R. C., Dunn, R. W., Hughes, T. E., Littlepage, S. E., Macdonald, J. M., Nicoll, J. A. V., Ottley, M. F. B., Ringdahl, K. E. O., Young, W. J.

#### Final Examination.

The following students have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:

Appelman, M., Butters, A. G., Carpenter, R., Crosse, J. H. J., Daniel, T. M., Davies, H. H., Furber, L. B., Hamilton, G. J.,

Hulbert, N. G., Innes, A., Kanaar, A. C., Latter, K. A., Lumsden, K., Magdi, I., Martin, K. W., Martin-Jones, J. D., Moynahan, D. J. M., Orlek, A., Roden, A. T., Selwyn, B., Soden, G. E. T., Stanton, H. G., Tooth, G. C., Weekes, C. R. H., Young, A. R. C.

### Royal College of Physicians.

The following have been elected **Fellows**:

Cullinan, E. R., Lloyd, W. E., Varrier-Jones, Sir Pendrill.

The following have been elected **Members**:

Franklin, K. J., Harris, C. H. S., Hunt, J. H., Knox, R., Lane, C. R. T., Westwood, M.

### Royal Colleges of Physicians and Surgeons.

The following Diplomas have been conferred:

**D.O.M.S.**—Patton, A. W.

**D.P.H.**—Lloyd, W. E. B.

**D.P.M.**—Lapatin, J. H. R.

### L.M.S.S.A.

#### Final Examination, April, 1934.

**Surgery.**—Joyce, R. G.

### CHANGES OF ADDRESS.

BATEMAN, H. F., Lyghe, Shalford, Surrey.

EDELSTEN, G. G. M., Sutton Scotney, Hants. (Tel. 67.)

GALLOP, E., 163, Banbury Road, Oxford.

LOUGHBOROUGH, G. T., 41, Devonshire Street, W. 1. (Tel. Welbeck 8846.)

SINCLAIR, C. G., Bartholomew House, Lewes, Sussex.

### APPOINTMENT.

BRAIMBRIDGE, C. V., M.V.O., B.Ch.(Cantab.), appointed Surgical Specialist, Kenya.

### BIRTHS.

BAYNES.—On May 21st, 1934, at Reed House, Old Avenue, West Byfleet, Agnes Sarah (*née* Leay), wife of Dr. H. Godwin Baynes—a son.

COLVILLE.—On April 10th, 1934, at "The Old House", Ware, Herts, to Joan, wife of J. Robertson Colville—a son.

DE LABILLIÈRE.—On April 29th, 1934, at a nursing home, Plymouth, to Kitty (*née* Lawley), wife of Surgeon-Lieutenant C. D. D. de Labillière, Royal Navy—a son.

KERR.—On May 23rd, 1934, at The West Cornwall Hospital, Penzance, to Muriel Ingram (*née* Robb), wife of Dr. A. K. Kerr—a daughter.

LONGFORD.—On April 26th, 1934, at 20, Devonshire Place, London, W. 1, to Elizabeth (*née* Dunn), wife of Dr. W. U. Desmond Longford, of The Chestnuts, Rainham, Kent—a third son.

ROBINSON.—On April 29th, 1934, at The Cottage, Diss, Norfolk, to Gertrude, wife of Dr. Victor Penrose Robinson—a daughter.

SPACKMAN.—On May 21st, 1934, in a nursing home, to Kathleen (*née* Crisp), wife of Dr. E. D. Spackman, 46, Shelley Road, Worthing—a son.

### MARRIAGE.

SCOTT—PRICHARD.—On May 1st, 1934, at St. Peter's Church, Bocking, by the Rev. H. A. Marshall, H. Harold Scott, M.D., F.R.C.P., to Eileen A. Prichard.

### DEATHS.

COOK.—On May 4th, 1934, at 22, Newport Road, Cardiff, Mabel Mary (*née* Norton), beloved wife of Herbert G. Cook, C.B.E., M.D., F.R.C.S., aged 70.

SPREAT.—On April 24th, 1934, at Burrington, Oakleigh Park, Frank Arthur Spreat, F.R.C.S., aged 72.

### NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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